PRINTED: 09/26/2013 FORM APPROVED

| <u>Division</u> | of Health Care Faci | <u>lities</u> | | | FORM, | APPROVED | |
|---|---|---|--|--|-------|--------------------------|--|
| STATEMENT OF DEFICIENCIES . AND PLAN OF CORRECTION | | (X1) FROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | A. BUILDING: 01 - MAIN BUILDING 01 COM | | | DATE SURVEY COMPLETED | |
| | TN8209 | | | | 09/2 | | |
| NAME OF F | ROYIDER OR SUPPLIER | STREET AL | DORESS, CITY. | STATE, ZIP CODE | | GUIZUIZO (G | |
| HOLSTO | N MANOR | 3641 ME KINGSPO | MORIAL BL | VD. | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPLETE | | | |
| N 831 | 1200-8-6-,08 (1) Building Standards (1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured. | | N 831 | The filing of this Plan of Correction does not constitute an admission that the deficiencies alleged did, in fact exist. This Plan of Correction if filed as evidence of the facility to comply with the requirement of participation and continue to provide high quality resident care. N 831 | | | |
| | interview, it was del ensure it did not ex- square footage and penetrate a 4-hour | view, observation and ermined the facility failed to seed the maximum allowable that sprinkler piping did not wall. | | Holston Manor has retained the services of Kon Ross, Architects to assist in verifying the type of construction and areas of separation between the two buildings and means and methods to meet these requirements. | | 01/13/2014 | |
| | 10:45 a.m. revealed facility which failed to separate buildings. Administrator and re | Interview with the or, on September 23, 2013 at the two 4-hour fire walls in the to divide the facility into two interview with the eview of building blueprints. | | 1. The blue hot water storage tank is to be replace with a new hot water storage tank. 2. A facility sudit of all facility hot water heaters and storage tanks will be conducted to assure to none have been compromised with corrosion. 3. A preventive maintenance check for compromistorage tanks will be conducted monthly. 4. Results will be reported to the QA Committee for 3 months. | | | |
| | on September 23, 2013 at 4:45 p.m. confirmed the locations of the fire walls and that the building had three (3) additions prior to 1977 which were not fully separated from the other portions of the building. This resulted in a single story, type V constructed building of 54,505 Square feet which exceeds the maximum allowable square footage of 31,500 square feet in accordance with the Standard Building code. 2. Observation and interview with the Maintenance Director, on September 23, 2013 at 3:45 p.m. revealed the 4-hour fire wall at the medical records office was penetrated by a sprinkler main. These findings were verified by the Maintenance Supervisor and acknowledged by the | | | AND PARVINGE | , | 10/09/2013 | |

VIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

DMINISTIATER

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| Division | of Health Care Faci | ilities | | | FURM. | APPROVED | |
|---|--|---|---|--|-------------------------------|--------------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 | | (X3) DATE SURVEY COMPLETED | | |
| | TN8209 | | B. WING | | | 09/23/2013 | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET AS | DDRESS, CITY, STATE, ZIP CODE | | | | |
| HOLSTO | N MANOR | | MORIAL BLVI DRT, TN 3766 | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY) | OULD BE | (X5) COMPLETE DATE | |
| N 831 | Based on observation determined the faci system equipment. The findings including observation and in Director, on Septem confirmed the blue area approximately. This finding was versupervisor and ack | g the exit conference on 3. ion and interview, it was flity failed to ensure plumbing was maintained. e: terview with the Maintenance onber 23, 2013 at 3:15 p.m. hot water storage tank had an 4" x 6" that was corroded. erified by the Maintenance knowledged by the g the exit conference on | N 831 | | | | |
| | | | į | | | J | |